

QUESTIONNAIRE

Ziacom Medical SL
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CUSTOMER SATISFACTION AND
 POSTMARKET MONITORING PRODUCTS

In order to improve our services and the satisfaction of our customers, please fill out this questionnaire, ticking the relevant boxes according with the degree of your perception with the service offered and send it back to Ziacom®. Thank you in advance for collaborating with us and help us to improve.

CUSTOMER SATISFACTION · QUESTIONNAIRE	Nothing	In part	Enough	A lot	Totally
1. Is our business advisory services suitable for you?					
2. How satisfied are you in the response to offers?					
3. How well has the offer given been adjusted to your needs?					
4. In which degree have the delivery times been complied in orders?					
5. Does our range of products from our Ziacom®'s cathalog cover right all your needs?					
6. Are you satisfied with the quickness resolving issues?					
7. Are we covering right all your post sale service needs?					
8. Are you satisfied about the return resolution times?					
9. Which is the grade of satisfaction with the service received?					
10. Are you generally satisfied with Ziacom Medical S.L.?					

POSTMARKET MONITORING PRODUCTS · QUESTIONNAIRE	Nothing	In part	Enough	A lot	Totally
1. How easy was using Ziacom®'s products?					
2. How easy was understanding Ziacom®'s surgical protocols?					
3. How satisfied are you with Ziacom`s products functionality?					
4. Do you achieve the expected result with Ziacom®'s products?					
5. In which degree have your expectations been met with Ziacom®'s products?					
6. In general, how satisfied are you with Ziacom®'s products?					
7. Does our range of products from our Ziacom®'s cathalog cover right all your needs?					
8. How easy and convenient has been using the implant pack format?					
9. Is the surgical protocol information clear enough in order to you to perform a surgery?					
10. Has improved your perception about the quality of Ziacom®'s products?					

Other comments:

DELIVERY CLINIC DATA Clinic data required*

Clinic Name*

Contact person*

Date*

Full adress*

SIGNATURE

CUSTOMER STAMP

Data Protection. **RESPONSIBLE:** Ziacom Medical SL. **PURPOSE:** To carry out the activity of the contract legitimately signed by the parties or commercial relationship, according to Spanish Law 3/2018, on December 5th of Data Protection. **LEGITIMATION:** Execution of a contract or commercial relationship. **ASSIGNMENTS:** Only to affiliated group companies, in order to facilitate the processing of the conditions foreseen in the contract for the execution of the commercial relationship and assignments in compliance with the regulations in force. **CONSERVATION:** During the term of the contract or commercial relationship and during the legally established periods. **RIGHTS:** You may exercise your rights of access, rectification, portability and limitation at info@ziacom.com. For more information at www.ziacom.com/en/privacy-policy.